

June 27, 1994

Introduced By:

GREG NICKELS

ew

Proposed No.:

94 - 416

MOTION NO. 9378

A MOTION confirming the Executive's appointment of Barney S. Herrera to the King County Children and Family Commission.

BE IT MOVED by the Council of King County:

The county executive's appointment of Barney S. Herrera to the King County Children and Family Commission, term to expire on June 1, 1996, is hereby confirmed.

PASSED by a vote of 11 to 0 this 20th day of September, 1994.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen
Chair

ATTEST:

Jane Masaru
Deputy Clerk of the Council

Attachments: Application
Financial Disclosure Statement

APPLICATION INFORMATION FOR
KING COUNTY BOARD AND COMMISSION APPOINTMENTS
(PLEASE ATTACH RESUME IF AVAILABLE)

10/9/93
(Date)

9378

Board/Commission -- for which you are applying: King County Children and Family Commission

Name Barney S. Herrera Phone (206) 244-3653 721-0874
(Home) (Work)
Business Address 6721 51st Ave Home Address 10927 24th Ave. SW
Seattle, Wa 98125 Seattle. WA 98146 **

(Please indicate preferred mailing address with an asterisk (*)).

King County Council District

Education Incrraham High School, University of Washington
(name of high school, college/university, year graduated, degree)

Professional Licenses Held (if applicable to specific board/commission) N/A

Present Employment After School Program Coordinator 10/9
(Job Title) (Date of Employment)

Touchstones
(Employer)

Summer Academy Coordinator
(Previous Employment/Experience)

Memberships on any city and/or county boards, commissions, or committees and dates of term: N/A

AFFIRMATIVE ACTION PROGRAM AND PERSONAL INFORMATION

The Executive seeks a diverse representation on boards/commissions. Information in this section will assist in achieving this goal and is voluntary on your part.

Asian Hispanic White
 African American Native American Other
Year of Birth _____ Sex (F) (M) Handicap (Y/N) _____

How did you learn of this opportunity? Marissa Alegria reccommended my name.

Please return completed form to:

Sally Poliak
King County Executive Office
King County Courthouse
516 Third Avenue, Room 400
Seattle, WA 98104-3271



9378

King County Executive
TIM HILL

King County Courthouse
516 Third Avenue Room 400
Seattle, Washington 98104-3271
(206) 296-4040
FAX: (206) 296-0194

FINANCIAL DISCLOSURE STATEMENT

TO BE COMPLETED BY ALL KING COUNTY BOARD AND COMMISSION MEMBERS.

IN ACCORDANCE WITH K.C.C. 3.04.050, PLEASE PROVIDE THE INFORMATION REQUESTED EITHER WITHIN TEN (10) DAYS OF APPOINTMENT OR BY APRIL 15TH, WHICHEVER APPLIES, AND RETURN THIS FORM TO SALLY POLIAK, OFFICE OF THE KING COUNTY EXECUTIVE, 400 KING COUNTY COURTHOUSE, 516 THIRD AVENUE, SEATTLE, WA 98104-3271.

FOR REPORTING PURPOSES, "IMMEDIATE FAMILY" INCLUDES SPOUSE, DEPENDENT CHILDREN, AND OTHER DEPENDENT RELATIVES RESIDING IN THE MEMBER'S HOUSEHOLD. "PERSON" DESIGNATES ANY INDIVIDUAL, PARTNERSHIP, ASSOCIATION, CORPORATION, FIRM, INSTITUTION, OR OTHER ENTITY, WHETHER OR NOT OPERATED FOR PROFIT.

PLEASE TYPE OR PRINT ALL INFORMATION

DATE: 10/9

NAME: BARNEY S. HERRERA

ADDRESS: 10927 24th AVE SW

BOARD OR COMMISSION: KING COUNTY CHILDREN + FAMILY COMMISSION

KING COUNTY DEPARTMENT OR AGENCY AFFILIATION OF BOARD OR COMMISSION:

A. List all sources of income over \$1500.00 (include salary, retirement, and dividend income):

| Source of Income | Type of Business | Address |
|------------------|------------------|---------------------------|
| Touchstones | Social service | 6721 31 st AVE |
| | | |
| | | |
| | | |

B. Do you have a direct financial interest in any mutual fund or other "person" or enterprise in excess of \$1500.00 (policies of insurance issued either to yourself or your spouse, accounts in banks, savings and loan associations or credit unions are not considered financial interest; however, municipal bonds, trusts, and all other types of financial interest are included)?

Yes _____

No X

F. This section is to be completed by attorneys who practiced before state and local regulatory agencies within the preceding twelve months:

1. List the name of the "person" of which you are a member, partner, or employee:

2. List the name(s) of agencies that you practice before:

3. List the amount of gross compensation in excess of \$1500.00 received by the "person" and attorney respectively as a result of your practice before such agencies in the last twelve (12) months:

ATTESTATION:

I, _____, CERTIFY UNDER PENALTY OF PERJURY THAT THIS STATEMENT IS TRUE, ACCURATE, AND COMPLETE.

Signature _____

SIGNED THIS _____ DAY OF _____, 199__.

Please attach additional sheets if necessary.